FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

2006

FORM D

NOTICE OF SALE OF SECURITIES **URSUANT TO REGULATION D.** SECTION 4(6), AND/OR

OMB Number April 30,2008 Expires: Estimated average burden hours parre



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		d name has changed, and indicate change.) Convertible Preferred Sto		
Filing Under (Check box(es) that ap		Rule 505 R Rule 506 Section 4(6)		
Type of Filing: New Filing	X Amendment		-	
		A. BASIC IDENTIFICATION DATA		
1. Enter the information requeste	d about the issuer			
Name of Issuer (check if this	is an amendment and n	ame has changed, and indicate change.)		
Parcxmart Technolo	gies, Inc.			
Address of Executive Offices		(Number and Street, City, State, Zip Code)	•	er (Including Area Code)
		Floor, Hampton Falls, NH 03844	(603) 92	
Address of Principal Business Open (if different from Executive Offices		(Number and Street, City, State, Zip Code)	Telephone Num	ber (Including Area Code)
Brief Description of Business				
				PROCESSED
Type of Business Organization			· · · · · · · · · · · · · · · · · · ·	
corporation business trust		nership, already formed	ease specify):	SEP 1 1 2006
Actual or Estimated Date of Incorporation or Org	sanization: (Enter two-	Month Year : □ □ □ □ □ □ □ □ □ Estim letter U.S. Postal Service abbreviation for State: anada; FN for other foreign jurisdiction)	ated	THOMSON FINANCIAL
GENERAL INSTRUCTIONS				
Federal: Who Must File: All issuers making a	an offering of securities	in reliance on an exemption under Regulation D or	Section 4(6), 17 Cl	FR 230.501 et seq. or 15 U.S.C.

77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Fallers to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A SECTION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the is
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter 🔀 Beneficial Owner 🔀 Executive Officer 🗷 Director 🗌 General and/or
Managing Partner
Full Name (Last name first, if individual)
John Regan Business or Residence Address (Number and Street, City, State, Zip Code)
P.O. Box 365, 83 Lafayette Road, 2nd Floor, Hampton Falls, NH 03844
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
George McQuilken
Business or Residence Address (Number and Street, City, State, Zip Code)
419 Marcy Street, Portsmouth, NH 03801
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Daniel McGurl Business or Residence Address (Number and Street, City, State, Zip Code)
325 Corporate Drive, Portsmouth, NH 03801
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
William Nyhan
Business or Residence Address (Number and Street, City, State, Zip Code)
P.O. Box 1181, Hampton, NH 03843
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
(the printer river, or early min me kindition police or into since, in necessary)

					FORMATI	ON ABOU	OFFERIN	ig K		, ik	7 1	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes □	No X	
					Appendix,				•			
2. What is	2. What is the minimum investment that will be accepted from any individual?										\$ <u>1.50</u>	
3. Does th	ne offering p	nermit inint	ownershir	of a sing	e unit?						Yes ⊠	No □
	he informat	-	-	_							_	П
If a per or state	ssion or simi son to be list s, list the na er or dealer,	ted is an ass me of the b	ociated per roker or de	rson or age aler. If mo	nt of a broke re than five	er or dealer (5) person	registered s to be liste	with the Si ed are assoc	EC and/or v	with a state		
Full Name (Last name	first, if indi	vidual)									·
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		·				
Name of As	sociated Br	oker or De	aler									
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit F	urchasers		"				
(Check	"All States	or check	individual	States)		***********	••••••		***************************************		☐ All	States
AL	AK	AZ	AR	CA	CO	CT	DE	(DC)	FL	GĀ	HI	ID
TL NAT	IN NE	IA NOV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	TX	NM UT	NY VT	NC VA	ND WA	OII WV	OK WI	OR WY	PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address ()	Number an	d Street C	ity State 2	Zin Code)	·					
Name of A	ssociated B	roker or De	aler									
States in W	hich Persor	Listed IIa	s Solicited	or Intends	to Solicit I	Purchasers			··	······································		
(Check	"All State:	s" or check	individual	States)	*************	*************	************	*************	****************			l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL)	IN.	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Name												
									· · · · · · · · · · · · · · · · · · ·			
Business of	r Residence	e Address (Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	caler					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
States in W	hich Person	n Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	· 					
(Chec	k "All State	s" or check	individua	l States)				••••••••••••	••••••••••		. [] A1	l States
AL	AK	ĀZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID]
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Equity _______\$_____ Common Preferred Other (Specify)\$ Total \$1,050,000.00 \$1,050,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases £1,050,000.00 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) 20 \$1,050,000.00 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$0.00 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... Legal Fees \$5,000.00

\$ 5,000.00

Total

	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>1,045,000</u> .00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees]\$	s
	Purchase of real estate]\$	
	Purchase, rental or leasing and installation of machinery and equipment]\$	s
	Construction or leasing of plant buildings and facilities]\$	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	٦\$	□\$
	Repayment of indebtedness		
	Working capital	_	
	Other (specify):		
]\$	
	Column Totals	\$ <u>0.00</u>	区 \$ <u>1,045,000.</u> 00
	Total Payments Listed (column totals added)	X \$ <u>1</u>	,045,000 <u>.</u> 00
	The state of the second section of the second section is the second section of the second section is the second section of the second section is the second section of the second section section is the second section of the second section	4 8 2	
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	sion, upon writte	
lss	nuer (Print or Type) Signature	Date	
P	arcxmart Technologies, Inc.	7-05	- 20UL
	ohn Regan		
	President and CEO		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	P. STATE SIGNATURE AND RESERVED TO STATE SIGNATURE AND RESERVED TO STATE SIGNATURE AND RESERVED TO STATE SIGNATURE.		
, 1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is for D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
. 3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be enlimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned
Issuer (Print or Type) Date		
Parc	xmart Technologies, Inc. 8-05	- 6	. 09.0
Name (Print or Type) Tixty (Pyint/or Type)		
John	Regan		
	∀resident and CEO		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

100					e saturas			5 J	2
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)					fication te ULOE attach tion of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK			Convertible					:	
AZ		х	Preferred Stock \$1,050,000	1,	\$5,246				х
AR									
CA									
co									
СТ								-	
DE									
DC			Convertible						
FL		х	Preferred Stock	1	\$50,000				Х
GA			72,000,000						
ні									
ID				·					
IL									
IN									
IA									
KS									
KY								· .	
LA									
ME		ļ <u>.</u>	- Convertible						
MD		х	Preferred Stock	1	\$25,000		,		х
MA	ļ	х	Preferred Stock	4	\$178,592			<u> </u>	x
MI			. ,, ,						
MN									
MS									

A Tes				APP	ENDIX :				
1	Intend to non-a investor	l to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	rpe of security und aggregate fering price Fered in state Type of investance amount purchase		Disqual under Sta (if yes, explana waiver (Part E-	attach ution of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH		×	Convertible Preferred Stock	12	\$731,162.0) .			х
NJ			\$1,050,000				,		
NM									
NY									
NC									
ND									
ОН									
ОК						·			
OR									
PA									
RI		х	Convertible Preferred Stock	1	\$60,000.00				х
sc			\$1,050,000						† · · · · ·
SD									
TN									
TX									
UT									
VT	 	1						1	
VA				<u> </u>					
WA									
wv				1				1	
WI		1		1					

	掌握	- 4	(重新)	Z = APP	NDIX 🚐					
1		2	3		5 Disqualification					
			Type of security							
	Intend	to sell	and aggregate							
		ccredited s in State	offering price offered in state		Type of investor and					
		-ltem 1)	(Part C-Item 1)		amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										